

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 125Place of Birth Miami, Arizona  
(Registration District)County Gila

No. \_\_\_\_\_

St. \_\_\_\_\_

SEX OF CHILD\* Twin  
Female Triplet or other? ☒ and Number in order of birth 1DATE OF BIRTH\* October 31, 1915  
(Month) (Day) (Year)FATHER  
FULL NAME Roy B. EadesMOTHER  
FULL NAME Lucy Fay DayI HEREBY CERTIFY that the child described herein  
has been namedMattie Louisa Eades

(Give name in full)

(Surname)

Roy Bryant Eades  
(Parent's Signature)Leopold M. Laron M.D.  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

7/11/40

452-1031-348